Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

10807324

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN		
Γ=.			(Column 1)		(Column 2)		1	TYPE		OR	SMALL	SMALL ENTITY	
TOTAL CLAIMS			9					RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUME	BER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			○ mir	nus 20=	* (2		X\$ 9=		OR	X\$18=	ļ	
INDEPENDENT CLAIMS			2 minus 3 = *)		X43=	-	OR	X86=		
ML	JLTIPLE DEPEI	NDENT CLAIM P	RESENT			. 🗆		+145=		OR	+290=		
* If	the difference	in column 1 is	ess than zero, enter "0" in column 2			1	TOTAL		OR	TOTAL	740		
CLAIMS AS AMENDED - PART II										J	OTHER	THAN	
	· · · · · ·	(Column 1)	,	(Column 2) (Column				SMALL ENTITY			OR SMALL ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	CL AIAA	=		X43=		OR	X86=	,	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+290=		
								TOTAL	· · · · · · · · · · · · · · · · · · ·	OP.	TOTAL		
		Ą	DDIT. FEE			ADDIT. FEE							
		(Column 1)		(Colum		(Column 3)	1 6		ADDI-	1		ADDI	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=.		X43=	 .	OR	X86=		
4	FIRST PRESE	NTATION OF ML	ILTIPLE DEP	ENDENT	CLAIM	. 🗆	╿┝	445			.000		
								+145=		OR	+290=		
								TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE		
		(Column 1)		(Colum		(Column 3)			·				
AMENDMENT C	`	CLAIMS REMAINING AFTER AMENDMENT		NUMB PREVIOL PAID F	ER . JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X43=			X86=		
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							7.10-		OR	700-		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **OR TOTAL ADDIT. FEE													
: 1	The "Highest Num	ber Previously Paid	For (Total or	Independer	iess than it) is the l	i 3, enter 3.' highest number	r foun	d in the appi	opriate box				